Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968367	A. BUILDING: _____ B. WING _____	08/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLNESS LIVING INC	15560 NE 5TH CT MIAMI, FL 33162

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A biennial re-licensure survey, with an extended congregate care component, was conducted at Wellness Living, Inc. on . Deficiencies were identified at the time of the survey.	A 000		
A 031 SS=D	59A-36.007(7) FAC Resident Care - Third Party Services 59A-36.007 (7) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the resident's needs. (c) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be	A 031		

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A 031	Continued From page 1 received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that the third party provider kept the care plan up-to-date for two out of two sampled residents receiving hospice services (# 1 and # 2). Findings included: Review of Resident # 1's record revealed that the last care plan from hospice available for review was dated . Review of Resident # 2's record revealed that the last care plan available for review was dated . On at 12:01 PM a Registered Nurse from hospice stated that she would bring the care plans to the facility. Class III	A 031		
A 127 SS=D	429.275(3); 59A-36.01(4); 624.605(1)(b) Fiscal - Liability Insurance 429.275 (3) The administrator or owner of a facility shall maintain liability insurance coverage that is in force at all times.	A 127		

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A 127	Continued From page 2 59A-36.013 (4) LIABILITY INSURANCE. Pursuant to section 429.275, F.S., facilities must maintain liability insurance coverage, as defined in section 624.605, F.S., that remains in force at all times. On the renewal date of the facility's policy or whenever a facility changes policies, the facility must file documentation of continued coverage with the Agency Central Office. Such documentation must be issued by the insurance company and must include the name and street address of the facility, a reference that the facility is an assisted living facility, the facility's licensed capacity, and the dates of coverage. 624.605(1) (b) Liability insurance.-Insurance against legal liability for the , injury, or , of any human being, or for damage to property, with provision for medical, hospital, and surgical benefits to the injured persons, irrespective of the legal liability of the insured, when issued as a part of a liability insurance contract. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain liability insurance coverage that is in force at all times. Findings included: Review of the facility records revealed that the available liability insurance was dated . . . . . to . On at 11:58 AM during a telephone interview, the Administrator stated, the liability insurance had been updated and that she would send it to her staff.	A 127		

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A 127	Continued From page 3 Class III	A 127		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule	A 161		

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A 161	Continued From page 4 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity [redacted] to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have personnel records for each staff member that contain an employment application with references furnished, documentation verifying freedom from signs or symptoms of communicable [redacted], documentation of compliance with all staff trainings and continuing education for two out of four sampled staff (Staff B and C). Findings included: A review of the facility roster revealed Staff B listed as the assistant administrator. Review of the facility records showed Staff B did not have a personnel record with an employment application, documentation verifying freedom from signs or symptoms of communicable [redacted] and documentation of compliance with all staff	A 161		

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A 161	Continued From page 5 training's in file. A review of the personnel record for Staff C revealed an employment application on file dated . . . . . , the application did not include references. On at 11:59 AM during a telephone interview the Administrator stated she had Staff B's personnel record in her presence to make copies and forgot to bring it . . . to the facility. On . . . . . at 12:04 PM, during a telephone interview, regarding Staff C employment application with references, the Administrator stated, "ok." Class III	A 161		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if	A 162		

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A 162	Continued From page 6 applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S.	A 162		

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A 162	Continued From page 7 (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph,	A 162		

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A 162	Continued From page 8 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Baaed on observation, record review and interview the facility failed to have an accurate health assessment for two out of three sampled residents (Resident #1 and #2). Findings included: On . . . . . , at approximately 8:25 AM, observed Resident # 1 lying in bed and observed to be . . . . . on lower extremities. Also observed that the resident had four half bed rails, 2 on each side of her bed, making a full side rail on both sides. A review of the residents records revealed that	A 162		

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A 162	Continued From page 9 Resident # 1 had a health assessment completed on that stated that she required assistance with activities of daily living. Review of the health assessment showed she had no . Review of a prescription for the half side rail was dated and the consent for the half side rails was signed on . Further record review revealed that Resident # 1' daughter had signed the contract, and there was no legal representative documentation on file. Resident was admitted on hospice care with a diagnosis of and . Review of the progress note from hospice dated //2021 showed resident had a on the right big and lateral side of right little and received care twice a week. On at 10:36 AM Staff C stated that Resident # 1 was able to eat with assistance but required total assistance with the rest of her activities of daily living, and that a nurse from hospice comes to give resident the medications. On 08.30/21 at 12:06 PM during a telephone interview, the Administrator stated, Resident # 1 was able to feed herself and helped with herself. On 21 at 12:20 PM Staff C stated that Resident # 1 could feed herself foods and could raise her arms for her to put on the clothes. At 12:01 PM a Registered from hospice stated that Resident # 1 had a on the little right and a on the right big . A review of residents record revealed that Resident # 2 was receiving hospice services since with a diagnosis of Acute on	A 162		

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A 162	Continued From page 10 Review of the health assessment completed on ..... showed that the resident was independent with eating but required assistance with the rest of her activities of daily living. On ..... at 11:25 AM Staff C stated that Resident # 2 never gets out of bed and is not able to transfer to wheelchair. Staff C stated that the resident is able to feed herself but requires total assistance with the rest of her activities of daily living. On at 12:55 PM Resident # 2 stated, "I eat, but I need help with everything else. I cannot stand on my to get out of bed. I am always in bed, reading. There is someone that comes and bathe me, in bed." Class III	A 162		
A 182 SS=D	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure all staff trained in their duties and are responsible for implementing the emergency management plan for one out of four sampled	A 182		

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A 182	Continued From page 11 staff (Staff C). The only staff on duty at the time of the survey was not able to operate the generator. Findings included: On at 9:00 AM Staff C stated, regarding the generator, "I have never started it. I don't know how." Review of the Staff C record revealed she completed a training certificate for the 1 hour of facility emergency procedures, including facility generator management dated . Class III	A 182		

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A 031 SS=D	59A-36.007(7) FAC Resident Care - Third Party Services 59A-36.007 (7) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the resident's needs. (c) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be	A 031		

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A 127 SS=D	429.275(3); 59A-36.01(4); 624.605(1)(b) Fiscal - Liability Insurance 429.275 (3) The administrator or owner of a facility shall maintain liability insurance coverage that is in force at all times.	A 127		

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A 127	Continued From page 2 59A-36.013 (4) LIABILITY INSURANCE. Pursuant to section 429.275, F.S., facilities must maintain liability insurance coverage, as defined in section 624.605, F.S., that remains in force at all times. On the renewal date of the facility's policy or whenever a facility changes policies, the facility must file documentation of continued coverage with the Agency Central Office. Such documentation must be issued by the insurance company and must include the name and street address of the facility, a reference that the facility is an assisted living facility, the facility's licensed capacity, and the dates of coverage. 624.605(1) (b) Liability insurance.-Insurance against legal liability for the , injury, or , of any human being, or for damage to property, with provision for medical, hospital, and surgical benefits to the injured persons, irrespective of the legal liability of the insured, when issued as a part of a liability insurance contract. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain liability insurance coverage that is in force at all times. Findings included: Review of the facility records revealed that the available liability insurance was dated to . On at 11:58 AM during a telephone interview, the Administrator stated, the liability insurance had been updated and that she would send it to her staff.	A 127		

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	AL11968367	A. BUILDING: _____ B. WING _____	08/30/2021

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A 127	Continued From page 3 Class III	A 127		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule	A 161		

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A 161	Continued From page 4 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity [redacted] to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have personnel records for each staff member that contain an employment application with references furnished, documentation verifying freedom from signs or symptoms of communicable [redacted], documentation of compliance with all staff trainings and continuing education for two out of four sampled staff (Staff B and C). Findings included: A review of the facility roster revealed Staff B listed as the assistant administrator. Review of the facility records showed Staff B did not have a personnel record with an employment application, documentation verifying freedom from signs or symptoms of communicable [redacted] and documentation of compliance with all staff	A 161		

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A 161	Continued From page 5 training's in file. A review of the personnel record for Staff C revealed an employment application on file dated . . . . . , the application did not include references. On at 11:59 AM during a telephone interview the Administrator stated she had Staff B's personnel record in her presence to make copies and forgot to bring it . . . to the facility. On . . . . . at 12:04 PM, during a telephone interview, regarding Staff C employment application with references, the Administrator stated, "ok." Class III	A 161		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if	A 162		

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A 162	Continued From page 6 applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S.	A 162		

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A 162	Continued From page 7 (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph,	A 162		

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A 162	Continued From page 8 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Baaed on observation, record review and interview the facility failed to have an accurate health assessment for two out of three sampled residents (Resident #1 and #2). Findings included: On . . . . . , at approximately 8:25 AM, observed Resident # 1 lying in bed and observed to be . . . . . on lower extremities. Also observed that the resident had four half bed rails, 2 on each side of her bed, making a full side rail on both sides. A review of the residents records revealed that	A 162		

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A 162	Continued From page 9 Resident # 1 had a health assessment completed on that stated that she required assistance with activities of daily living. Review of the health assessment showed she had no . Review of a prescription for the half side rail was dated and the consent for the half side rails was signed on . Further record review revealed that Resident # 1' daughter had signed the contract, and there was no legal representative documentation on file. Resident was admitted on hospice care with a diagnosis of and . Review of the progress note from hospice dated //2021 showed resident had a on the right big and lateral side of right little and received care twice a week. On at 10:36 AM Staff C stated that Resident # 1 was able to eat with assistance but required total assistance with the rest of her activities of daily living, and that a nurse from hospice comes to give resident the medications. On 08.30/21 at 12:06 PM during a telephone interview, the Administrator stated, Resident # 1 was able to feed herself and helped with herself. On 21 at 12:20 PM Staff C stated that Resident # 1 could feed herself foods and could raise her arms for her to put on the clothes. At 12:01 PM a Registered from hospice stated that Resident # 1 had a on the little right and a on the right big . A review of residents record revealed that Resident # 2 was receiving hospice services since with a diagnosis of Acute on	A 162		

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A 162	Continued From page 10 Review of the health assessment completed on ..... showed that the resident was independent with eating but required assistance with the rest of her activities of daily living. On ..... at 11:25 AM Staff C stated that Resident # 2 never gets out of bed and is not able to transfer to wheelchair. Staff C stated that the resident is able to feed herself but requires total assistance with the rest of her activities of daily living. On at 12:55 PM Resident # 2 stated, "I eat, but I need help with everything else. I cannot stand on my to get out of bed. I am always in bed, reading. There is someone that comes and bathe me, in bed." Class III	A 162		
A 182 SS=D	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure all staff trained in their duties and are responsible for implementing the emergency management plan for one out of four sampled	A 182		

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A 182	Continued From page 11 staff (Staff C). The only staff on duty at the time of the survey was not able to operate the generator. Findings included: On at 9:00 AM Staff C stated, regarding the generator, "I have never started it. I don't know how." Review of the Staff C record revealed she completed a training certificate for the 1 hour of facility emergency procedures, including facility generator management dated . Class III	A 182		